

**Message from Dean Valentine
Inaugural Chair, Community Advisory Council (CAC)
Downtown East Toronto Ontario Health Team (DET OHT)**

As I step down from the position of inaugural chair and welcome our new chair Sophia, I want to reflect and share a bit about my experience with the DET OHT. I would like to reflect on how I came to the work and what I see as some of the major accomplishments achieved to date.

As a veteran of Canada's Royal Canadian Navy, my skills, knowledge, and experiences were gained through 25 years of service to the Canadian Forces. My employment was in a vast spectrum of working environments - domestically and internationally - including HR management and financial support services. Due to a chronic medical condition and mental health challenges, I was medically released from the Canadian Forces in 2014.

In 2008, a diagnosis of HIV/AIDS, Major Depressive Disorder, and HIV-Associated Neurocognitive Disorder (HAND) threw me into the challenges of “navigating” a healthcare system that was unfamiliar to me. This also encouraged me to develop my own “coordinated care plan” to address my highly complex healthcare needs. Simultaneously, I faced the pressure of transitioning from military to civilian life. It was overwhelming and led to a period of problematic substance use.

It was my “recovery journey” that connected me to better coordinated health services. This spring, I will mark seven years into a recovery program and abstinence from recreational drug use. I am currently in good health with better personal wellbeing. My successes and challenges with this journey ignited my passion and interest in community engagement.

My community engagement efforts have given me extensive opportunities to partner with healthcare providers at local, regional, and provincial levels in areas such as health literacy, healthcare navigation, development of programming and services, policy design, healthcare transformation, quality improvement, and the development of Patient, Family and Caregiver (PFC) engagement strategies. I am also grateful to have been a volunteer board member and senior advisor with several community health organizations. I am currently very proud to identify myself as a PFC community healthcare member: peer, advocate, advisor, and researcher.

During my earlier work with the Mid-East Advisory table established by Toronto Central LHIN, I was invited to a meeting that introduced the concept of the new healthcare transformation model - the Ontario Health Teams (OHTs). Much has developed and changed since then. During that meeting, there was discussion about having a “collaborative planning committee” to represent all stakeholders of the OHT model within Downtown East Toronto, with the aim of exploring the OHT application process.

While they recognized PFCs as important stakeholder, they intended to involve them at a later stage, once a plan or clearer direction had been established. Following that meeting, I sent an email to the chair of the planning committee stating:

“.. I was glad and encouraged that the planning group had identified the need to hold a spot for a “Patient Engagement Representation”. I feel having an end-user perspective has a huge value and it aligns to the government’s emphasis on patient engagement across healthcare levels. My thought is that this position holds value when filled at an earlier stage of planning as it can serve to keep various PFCs informed throughout the process.”

It was that email in May 2019 that had the Chair, Dr. Curtis Handford, consider my perspective and extend an invitation for me to join the OHT planning group. Since then, Team Members have collectively embraced the engagement of myself and other PFCs in our OHT development. Some of the significant accomplishments PFCs have actively participated in are:

- Membership and representation at the DET OHT planning table;
- Participation and co-author “A Framework for Community Engagement” document;
- Participation in the OHT application process;
- Participation in the Collaboration Decision Making Agreement development;
- Representation and voting membership at the Core Group (leadership table);
- Participation in the development of OHT Vision Statement & Guiding Principles;
- Establishment of Engagement Working Group Model - 50/50 Representation of PFCs and Provider (co-lead by PFC);
- Establishing and developing “Safe Space Principles & Acknowledgement”;
- Engagement Strategy representing different levels of engagement and equitable representation of PFC in all OHT working groups and initiatives;
- Adoption of PFCDV;
- Development of Recognition and Honorarium Framework;
- Establishment of Community Advisory Council (PFAC model);
- Developing the support and guidance documentation to support community membership strategies, selection, recruitment tools, and working group Terms of Reference;
- Participation on recruitment/selection panels for OHT funded positions;
- An Engagement working group and Community Advisory Council supported “Call to Action” for review of and priority to proportional and equitable representation of community members in all OHT work while enduring “co-design approaches”.

I want to take this opportunity to highlight the above and acknowledge the impact it has had on DET OHT initiatives to date. PFC voices have been a huge part of the successes of the DET OHT. While our PFC numbers may be lower than we would like, our engagement strategies are well respected and our framework has been exemplary guiding other OHTs, Ontario Health, and the Ministry of Health.

While I will not be leaving the DET OHT completely, stepping down from this leadership role will allow space for new PFC leadership perspectives with a fresh voice and enthusiasm to further develop the DET. I will continue to participate with DET OHT initiatives and advise when invited on governance and overall engagement strategies.

I want to move forward and focus time and energy on advocating at the Ontario Health and Ministry of Health level, contributing to OHT policy development. My efforts will aim to provide regional OHTs with an effective framework and guidance tools to ensure equitable and proportional representation of PFCs. Additionally, I aim to make co-design approaches with PFCs an accountable priority.

I am extremely grateful to the DET OHT for giving me an opportunity to advocate on behalf of the DET PFCs.

My work and partnership with the DET OHT has been an example of the PFC capacity building, better health, and wellbeing. I wish the same opportunities to be given to many more PFCs within our communities.

Dean Valentine
Community Advocate.